

FILED SEP 17 1941

Registration District No. _____		Primary Registration District No. _____		Registrar's No. _____	
<b>1. PLACE OF DEATH:</b>					
(a) County _____					
(b) City or town <b>St. Louis</b> (If outside city or town limits, write "RURAL" and name of township)					
(c) Name of hospital or institution: <b>1706 Oregon</b> (If not in hospital or institution, write street number or location)					
(d) Length of stay: In hospital or institution _____ (Specify whether _____)					
In this community _____ years, months or days					
<b>3. (a) PRINT FULL NAME Achsa B. Hughes</b>					
3. (b) If veteran, name war _____ No. _____		3. (c) Social Security No. _____ No. _____			
4. Sex <b>Female</b>		5. Color or race <b>White</b>		6. (a) Single, widowed, married, divorced <b>Married</b>	
6. (b) Name of husband or wife <b>Robert F. Hughes</b>		6. (c) Age of husband or wife if alive <b>78</b> years			
7. Birth date of deceased <b>February 14 1864</b> (Month) (Day) (Year)					
8. AGE: Years <b>77</b>		Months <b>5</b>		Days <b>26</b>	
				If less than one day hr. _____ min. _____	
9. Birthplace <b>Woodbridge</b> (City, town, or county)		<b>California</b> (State or foreign country)			
10. Usual occupation <b>Housewife</b>					
11. Industry or business _____					
12. Name <b>Richard Woods</b>					
13. Birthplace _____		<b>Ohio</b> (State or foreign country)			
14. Maiden name <b>Maryann Burbin</b>					
15. Birthplace _____		<b>Ohio</b> (State or foreign country)			
16. (a) Informant <b>Robert F. Hughes</b>					
(b) Address <b>1706 Oregon</b>					
17. (a) <b>Cremation</b> (b) Date thereof <b>8/14/41</b> (Burial, cremation, or removal) (Month) (Day) (Year)					
(c) Place: burial or cremation <b>Missouri Crematory</b>					
18. (a) Signature of funeral director _____					
(b) Address <b>3012 Meramec</b>					
19. <b>AUG 14 1941</b> (Date received local registrar)		(b) <b>J. T. Bresink</b> (Registrar's signature)			
<b>2. USUAL RESIDENCE OF DECEASED:</b>					
(a) State <b>Mo.</b>		(b) County _____			
(c) City or town <b>St. Louis</b> (If outside city or town limits, write "RURAL")		<b>237</b>			
(d) Street No. <b>1706 Oregon</b> (If rural, give location)					
(e) Citizen of foreign country? _____ (Yes or No)					
If yes, name country _____					
<b>MEDICAL CERTIFICATION</b>					
20. DATE OF DEATH: Month <b>August</b> day <b>12</b> year <b>1941</b> hour <b>3.30</b> minute _____ A. M.					
21. I hereby certify that I attended the deceased from <b>July 10, 1941</b> to <b>Aug 11, 1941</b> that I last saw her alive on <b>Aug. 11, 1941</b> and that death occurred on the date and hour stated above.					
Immediate cause of death <b>Chronic Myocarditis</b>					Duration <b>1 yr.</b>
Due to _____					
Due to _____					
Other conditions <b>Carcinoma of left femur</b> (Include pregnancy within 3 months of death)					<b>1 1/2 yrs</b>
Major findings: Of operations _____					<b>PHYSICIAN</b> Underline the cause to which death should be charged statistically.
Of autopsy <b>53</b>					
22. If death was due to external causes, fill in the following:					
(a) Accident, suicide, or homicide (specify) _____					
(b) Date of occurrence _____					
(c) Where did injury occur? _____ (City or town) (County) (State)					
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____					
While at work? _____ (Specify type of place)					(e) Means of injury _____
23. Signature <b>Chas. J. Smith</b> (M. D. or other)					
Address <b>7102 S. Grand</b>					Date signed <b>8/13/41</b>

3102 No. 11  
2. 6. 4 PM.

4354<sup>th</sup> Avenue  
for 8466

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**George M. Archambault**

Registered Apprentice No. XXXXX

working under my personal supervision.

Signed

Licensed Embalmer No. 2906

P. O. Address. 3013 Meramec

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.